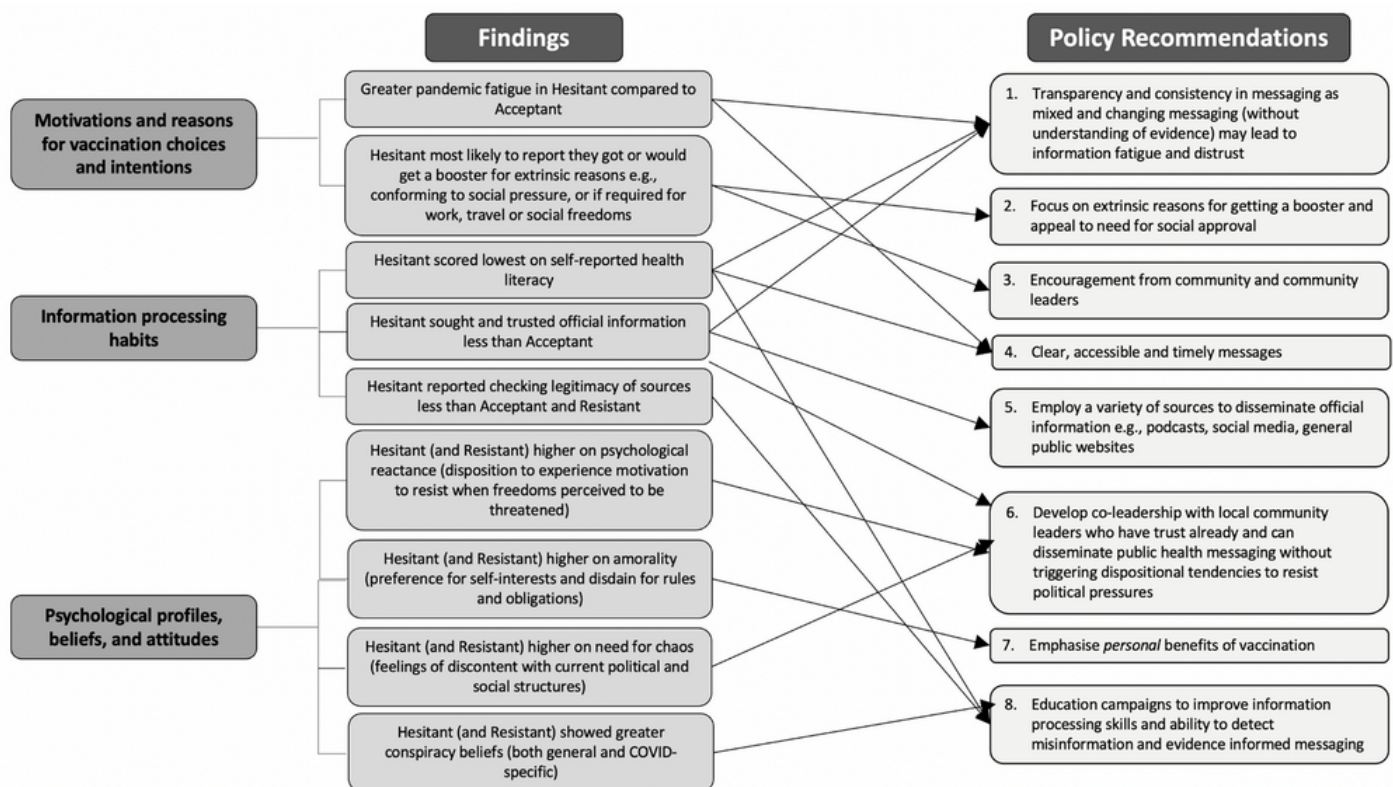


Brainwashing Techniques Used to Increase COVID-19 Vaccine Uptake



Dylan Eleven

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Global Research

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I wish I had read this literature early on in the pandemic to realize and understand how truly evil and psychopathic the COVID-19 Propaganda and the Psychological Warfare on the population was.

From the brainwashing techniques outlined here, some of my observat

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- **The appeal to “protect the community”** was probably the most effective brainwashing technique – mainly to protect family, friends, the community, the healthcare system – they knew that this would pressure many vaccine hesitant to get the shots (especially concern about family members with medical conditions)
 - this worked even better then they attached an emotion to it
- **“The increased observability”** was the most effective brainwashing technique to get people to adopt a **brand new technology** (LNP/mRNA), a technique that was used by Apple and its Ipod – and this was employed via **“DIGITAL BADGES”** on facebook that we now use to **identify vaccine status of the thousands who are dying suddenly from COVID-19 Vaccine injuries.**
 - This also involved **“PHYSICAL BADGES”** which were in the form of **vaccine cards** that people proudly photographed and displayed on social media
- **Finding a common enemy** – went from a **“novel Coronavirus”** to the **“pandemic of the unvaccinated”** and this was tied in with:
 - **judging negatively** those who refused to be vaccinated, the **“free riders”** who benefited from the herd immunity created by the vaccinated
 - **the unvaccinated** once identified as **“the common enemy”** were punished and sanctioned by being excluded from society
 - **the poor treatment of the unvaccinated** undoubtedly forced some to get vaccinated to avoid such a fate
- **reputation concerns** – doctors and scientists who did not conform to the Propaganda had their reputations smeared and destroyed and were made examples of by mainstream media to keep other doctors scared and sticking to the narrative, even at the cost of their or their own patients’ lives
 - Justin Trudeau created a smear campaign of the unvaccinated, calling them names such as **“fringe minority”** and claiming that they were **racists and misogynists**
 - thus **“reputation destruction”** was a strong brainwashing tool that probably forced some to get vaccinated
- **vaccine scarcity was leveraged** as first responders were given “hero” status and were the first ones lined up to get the vaccines as a sign of honor and a reward
 - they were basically held up as examples for the rest of the population to follow

- **REWARDS** – ability to travel, go to restaurants, go to stadiums, concerts, participate in physical activities and sports – that, for a time, were only given to the **vaccinated as “rewards” for being “good citizens”**
 - donuts, burgers & fries, ice cream for kids – predatory behavior
 - \$100 incentive or entry into a million dollar lottery
- **PUNISHMENTS** – vaccine mandates, employment termination, removal of unemployment benefits, decreased ability to travel, inability to find new employment, etc.
- **Fear of loss of freedoms** – this was another major driving factor, people didn’t want to lose the freedom to travel, the freedom to enjoy life (restaurants, concerts, sports, stadiums), the freedom to take care of loved ones
 - this is now being contemplated as one of the **key fear tactics** in getting people to take COVID-19 boosters again.
 - people will be reminded of **lockdowns** and the message will be: **“you don’t want us to bring lockdowns back, do you? Then get vaccinated”**
- **Brainwashing by a trusted doctor** – this is currently seen as one of the few plausible avenues to bring the COVID-19 vaccine hesitant back into the fold and get them to start taking mRNA vaccines regularly again.
 - There will be huge pressure on doctors to get COVID-19 vaccine uptake up to 85% again
 - this will be tied to regular doctor visits, physicals, annual doctor visits, etc.

Papers Reviewed:

- 2023 Jun – Steffens et al – “Testing persuasive messages about booster doses of COVID-19 vaccines on intention to vaccinate in Australian adults: A randomised controlled trial”
- 2023 Apr – Kleitman et al – “The Psychology of COVID-19 Booster Hesitancy, Acceptance and Resistance in Australia”
- 2023 Mar – Limbu et al – “Why Some People Are Hesitant to Receive COVID-19 Boosters: A Systematic Review”
- 2023 Jan – Fisher et al – “Impact of a physician recommendation on COVID-19 vaccination intent among vaccine hesitant individuals”

- 2021 Dec – Erin James et al – “Persuasive messaging to increase COVID-19 vaccine uptake intentions”
- 2021 Sep – Kachurka et al – “Persuasive Messages Will Not Increase COVID-19 Vaccine Acceptance” (Polish people say fuck you to propaganda)
- 2021 Jun – Scott Ratzan et al – Missing the Point — How Primary Care Can Overcome Covid-19 Vaccine “Hesitancy”
- 2021 Feb – Stacy Wood et al – “Beyond Politics — Promoting Covid-19 Vaccination in the United States”

2023 Jun – Steffens et al – “Testing persuasive messages about booster doses of COVID-19 vaccines on intention to vaccinate in Australian adults: A randomised controlled trial”

- Four propaganda messages were tested:
 - **1. Personal health benefits** – booster gives you protection
 - **2. Community health benefits** – booster reduces your risk of giving virus to your family, or people in the community who could get sick and die
 - **3. Non-Health Benefits** – travel, go to weddings, see family and friends, getting a booster reduces chance that restrictions will return
 - **4. Personal agency** – getting booster is a personal choice that give you control of your health and lets you protect people you care about.
- RESULTS:
 - “messages emphasizing non-health benefits of getting a COVID-19 booster dose, like **travelling, enjoying family occasions like weddings, and seeing family and friends, may increase intention to vaccinate**, especially in hesitant populations.”
 - “At the time, the **Australian population had endured almost two years of public health restrictions, including lockdowns and international and domestic border closures**. Being able to live more normally, free from restrictions, may have been top of mind, and hence what participants found the most persuasive.”
 - “messages emphasizing personal agency may have negative impacts, especially with hesitant individuals.”

- “Hesitant individuals may have reacted negatively (psychological reactance) to suggestions about **how they ought to behave**, and what others approve or disapprove of regarding vaccination decisions”

2023 Apr – Kleitman et al – “The Psychology of COVID-19 Booster Hesitancy, Acceptance and Resistance in Australia”

- Latent Profile Analysis (LPA) identified three subgroups: **Acceptant (61%), Hesitant (30%) and Resistant (9%)**.
- Hesitant and Resistant groups were **less worried about catching COVID-19**, used **fewer official sources** of COVID-19 info, **checked the news less**, were lower on the agreeableness personality dimension and reported **more conservatism**, persecutory thinking, amoral attitudes and need for chaos.
- **Hesitant group (30%)** also reported checking the legitimacy of information sources less, scored **lower on the openness to new experiences** personality dimension and were more likely than the Resistant and Acceptant groups to report **regaining freedoms** (e.g., **travel**) and **work requirements** or external pressures as reasons to get a booster
- **Resistant group (9%)** were higher on reactance, held **more conspiratorial beliefs** and rated their culture as being less tolerant of deviance than the Hesitant and Acceptant groups

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2023 Mar – Limbu et al – “Why Some People Are Hesitant to Receive COVID-19 Boosters: A Systematic Review”

- COVID-19 Booster Vaccination **Hesitancy Rate**:
 - **North America is highest at 41%**
 - Europe 35%

- Asia 28%
- South America 28%
- **younger people** more reluctant to take boosters
- **single or never married adults** were more likely to be booster hesitant
- research on education and men vs women is mixed
- Compared to other occupations, **health care workers, allied health professions, housewives, administrative staff & service workers were more likely to be booster hesitant.**
- **Vaccine Adverse Events** were the most frequently reported predictor of hesitancy
- **Reduced booster hesitancy:** government mandates, booster recommendations from family or health care and community workers
- **Increased booster hesitancy:** when social networks or social media served as an important info source, or other factors:
 - **political messages discouraging boosters**
 - **belief in natural immunity**
 - **boosters are unnecessary**
 - **personal health is in God's hands**
 - **COVID-19 is similar to seasonal flu**
- “interventions that can harness normative social influence should be powerful. For example, information campaigns that rely on recommendations from **celebrities, political figures, or groups trusted by the target audience** should be more effective at reducing hesitancy”
- “Additionally, campaigns can explain how to **overcome booster hesitancy among family and friends** by providing information and strategies for effective normative influence on the booster hesitant from those close to them.”

2023 Jan – Fisher et al – “Impact of a physician recommendation on COVID-19 vaccination intent among vaccine hesitant individuals”

- **Physicians and other healthcare providers are the most trusted source of information about the COVID-19 vaccine**

- **Recommendation from a physician** has consistently been associated with higher rates of vaccine uptake for **other vaccines** such as the human papillomavirus (HPV) and influenza vaccines
- **strong recommendation from a physician or healthcare provider** may be influential in increasing COVID-19 vaccine uptake and an important tool in fostering COVID-19 vaccine acceptance
- **A presumptive style recommendation** (e.g., “**you are due for a flu shot**”) is associated with increased vaccine uptake compared with a participatory style recommendation (e.g., “are you interested in getting a flu shot?”)
- Results: **33% became less hesitant following a doctor message**
 - **39% “as safe as the flu shot”** message was most effective in reducing hesitancy
 - **36% “I acknowledge your concerns, I’ve reviewed the studies”** message
 - **35% “protect others”** message
 - **34% “I recommend that you get it”**
 - **20% “What do you think?”** message was least effective in reducing hesitancy
- Conclusion: “**Encouraging physicians to provide an explicit recommendation is a promising means of increasing COVID-19 vaccine uptake in the US**”

2021 Dec – Erin James et al – “Persuasive messaging to increase COVID-19 vaccine uptake intentions”

- “Vaccination is both a **self-interested and pro-social action** – people protect themselves, but they also reduce chance of spreading disease to others”
- “people view vaccination as a **social contract** and are **less willing to cooperate with the unvaxxed**”
- “highlighting the **reputational costs of choosing not to vaccinate** could be an effective strategy for increasing uptake”
- “**appeals to herd immunity and the pro-social aspect** of vaccination have been shown to increase uptake”
- “messages that **explain herd immunity** increase willingness to receive a vaccine”

- “effective public health messages would also increase people’s willingness to **encourage those close to them to vaccinate and to hold negative judgments of those who do not vaccinate**”
- “by encouraging those close to them to vaccinate, people are both promoting **compliance with social norms** and increasing their own level of protection”
- “**by judging those who do not vaccinate more negatively, they apply social pressure** to others to **promote cooperative behavior.**”
- “**free riders should be punished or ostracized for their past actions, to encourage pro-social outcomes**” (a **FREE RIDER** is an unvaxxed person who is getting a “free ride” by getting protection from herd immunity that was created by the vaccinated around them who did the right thing”)

The Experimental Propaganda Messages

- **baseline info** = to end COVID-19 outbreak, must get jabbed, stops transmission, safe and effective, save millions of lives
- **self-interest** = reduces your risk of getting sick and dying, or long term disability
- **community interest** = reduces risk that members of your family and community could get sick and die (vaccination is a cooperative action to protect others)
- **community interest + guilt** = how guilty would you feel if you didn’t jab and gave COVID to someone you care about? (invoke emotion)
- **community interest + embarrassment** = how embarrassed and ashamed would you be if you didn’t jab and gave COVID to someone you care about? (emotion)
- **community interest + anger** = how angry will you be if you didn’t jab and give COVID to someone you care about? (invoke emotion)
- **not bravery** = military, doctors, firefighters risk their lives to serve others, that’s bravery. Not getting jabbed is reckless, you risk health of your family, friends and community. To get jabbed is to show strength. (reputation, social image concerns)
- **trust in science** = unvaxxed are ignorant or confused about science, and you’ll show others how ignorant or confused you are (reputation, social image concerns)
- **personal freedom** = unvaxxed increase risk we lose our freedoms or govt lockdowns will return. We all keep our freedom by getting jabbed.

- **economic freedom** = unvaxxed increase risk of govt lockdowns returning, getting jabbed means we all keep our ability to work and earn a living.
- **community economic benefit** = getting jabbed strengthens national economy

Most Effective Brainwashing Techniques

- to increase your willingness to jab: **embarrassment, community, not bravery**
- **Guilt and embarrassment** were most effective to increase your willingness to **advise a friend to vaccinate**
- **Not bravery** message was most effective to increase your **negative judging of the unvaxxed**.
- women responded more to the **Trust in Science and Embarrassment**, than men
- men responded more to the **Not Bravery and Community Interest**(without embarrassment) messages.
- **Democrats were most easily brainwashed** and responded to all messages
- Republicans appeared to react only to **Community Interest, embarrassment**
- Those high in vaccine confidence responded to **all messages (all types of brainwashing)**
- those low in confidence responded only to the **Community Interest** messages
- CONCLUSION: Experiment findings support the “**idea that vaccination is often treated as a social contract in which people are expected to vaccinate and those who do not are sanctioned**”
- “messages that invoked **reputational concerns** were successful at altering judgment of those who would **free ride on the contributions of others**”
- propaganda must be tailored to target women differently than men

2021 Sep – Kachurka et al – “Persuasive Messages Will Not Increase COVID-19 Vaccine Acceptance” (Polish people reject propaganda)

- 6000 Polish internet users were sampled
- Propaganda Messages tested:
 - **reputation of vaxx makers**: they're American Pfizer and German Biontech

- **efficiency:** over 90%
- **safety:** European Medicines Agency confirms they're safe, mild side effects
- **others want it:** 75% of people want to get jabbed as soon as possible
- **Science authority:** scientists say it's the only rational choice
- **vaccine passport convenience:** vaxxed will be able to travel, not wear mask, not quarantine, will make everyday life easier
- **scarcity:** not enough jabs for everyone
- **thoroughly tested:** over 100,000 people were tested in clinical trials
- **Price** (they show you one): jab is free, free and you get 15 Euro, costs 2 EUR, costs 15 EUR
- **RESULTS: 45% of respondents were unwilling to get vaccinated**
 - **none of the messages were effective in reducing this hesitancy**
 - politically aligned **left or center meant 60-80% were willing to get jabbed**
 - politically right or "ultra-right" or "none" or "other" **30-50%** were willing to get jabbed
 - **up to 70% said they didn't trust the government.**

Authors suggest methods to increase vaccine uptake:

1. Focus on individual reasons – have their doctors try to convince them.
2. Turn those willing to be jabbed into "champions of the campaign" – through facebook stickers and physical stickers – and encourage them to talk to family and friends
3. Use reminders to ensure those who want to vaccinate actually follow through.

2021 Jun – Scott Ratzan et al – Missing the Point — How Primary Care Can Overcome Covid-19 Vaccine "Hesitancy"

- Among unvaccinated patients, there is a spectrum of vaccine "hesitance," ranging from being "vaccine ready" to "vaccine neutral" to "vaccine resistant"
- **"vaccine ready"** – must have ready access to vaccine to get them vaccinated

- **“vaccine neutral”** – may accept vaccination when seeking care for other problems, if vaccine is available and they get a **“nudge” from a trusted clinician**
- **“vaccine resistant”** – they must have “regularly scheduled doctor visits” – family doctors have a **“core responsibility”** to make preventive services including vaccination available, and **persuade patients**.
- **“Primary care clinicians and trusted health care organizations** often have the working relationships with community leaders to create solutions that fit local needs and preferences.”
- when boosters come, must put more focus on **doctors, nurses, and community leaders** who know how to create access, convey persuasive messages, and deliver care.

2021 Feb – Stacy Wood et al – “Beyond Politics — Promoting Covid-19 Vaccination in the United States”

- **“Any successful marketing strategy will be multifaceted”**
- “Consumer research and behavioral economics suggest **12 key strategies for an effective vaccine-promotion effort**”
 - **1. Segment public by identity barriers** – must tailor propaganda to various groups (some incorporate masks into self-image as symbol of community responsibility, others see wearing masks as cowardice or weakness)
 - **2. Find a common enemy** – try to make the virus threat the common enemy
 - **3. Use analogy** – “war against COVID”
 - **4. Increase observability** – make **vaccine status observable** – vaxxed should wear tokens, bracelets, stickers, pins (like those given to voters), or **“DIGITAL BADGES”** – such as frames or banners for one’s social media profile photo – consumers’ ability to observe others’ choices can increase rate of adoption
 - **5. Leverage Vaccine Scarcity** – frame early access to vaccines as a mark of honor or respect for people we want to protect (first responders, older Americans, medical staff, teachers, essential workers). First responders who are healthy – getting vaccine priority is a sign of respect awarded to them.
 - **6. Predict Negative Attributions** – delays can be seen as govt incompetence, deployment in poor neighbourhoods can be seen as “experimentation” – must

address these

- **7. Prompt Anticipated Regret** – push fear that someone you love will die from the illness, potential guilt of losing a family member, or guilt of getting Long COVID
- **8. Avoid conveying piecemeal risk info** – get bad info out there in one piece, instead of an ongoing trickle of information
- **9. Promote compromise options** – coffee shops use three serving sizes because consumer research shows it helps people make decisions – **make vaccination a three option choice** to avoid depicting jabs as the most extreme of two.
- **10. Create FOMO (Fear of Missing Out)** – employees can offer incentives like a day off, Universities can offer tickets to sports events or cultural events, tax benefits, insurance rebates, etc. Create “fear of missing out” on perks and benefits.
- **11. Combat Uniqueness Neglect** – many people believe they’re unique, so a one-size-fits-all option to mass vaccinate may not appeal to them – train medical professionals to identify these people, offer them unnecessary modifications to vaccine delivery (create “special treatment” to trick them into vaccination)
- **12. Neutralize the Case versus Base-Rate Heuristic** – people put more weight on anecdotes, especially on vaccine injury – force medical personnel to counter this with their own anecdotal stories (the pregnant woman who died because she didn’t get vaccinated, etc)

In the next part I will closely examine the DIGITAL BADGES that were used as propaganda to convince and pressure others into getting COVID-19 mRNA Vaccinated.

Original Article: <https://www.globalresearch.ca/propaganda-series-brainwashing-techniques-used-increase-covid-19-vaccine-uptake/5836502>

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